



## South Dakota Board of Nursing

South Dakota Department of Health  
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115  
(605) 362-2760; Fax: 362-2768; [www.state.sd.us/doh/nursing](http://www.state.sd.us/doh/nursing)

### Application to *Request Equivalency of Education* for 75-Hour Nurse Aide Training

An individual may request to meet the 75-hour Nurse Aide training requirement by equivalency of education pursuant to ARSD 44:04:18:16. The South Dakota Board of Nursing (BON) grants approval for **nursing students** only as nursing education programs prepare students using curricula that includes nursing theory and clinical instruction that meet the 75-hour Nurse Aide training program content required in 44:04:18.

Following review, the BON will provide written notice to the student and facility as to whether the student 1) is approved to waive the 75-hour training program and is eligible to be scheduled to take the written and manual competency evaluations for nurse aides through the SDHCA; or 2) is denied and why.

**RNs and LPNs** do not need to complete the 75-hour nurse aide training program or the written and skills competency evaluation to be placed on the CNA registry.

Send completed application and supporting documentation to:

South Dakota Board of Nursing  
4305 S. Louise Ave., Suite 201  
Sioux Falls, South Dakota 57106-3115

Student/Nurse Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If applicable:

Nursing Facility: \_\_\_\_\_

Nursing Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Submit with this application:

- ☐ Copy of student's school transcript, grade report, or other school documentation supporting request
  - The student must have completed a nursing course(s) on fundamental nursing concepts and skills
- ☐ Provide RN/LPN license number and state/jurisdiction of that license (may be current or inactive/expired license)
  - Number: \_\_\_\_\_ State: \_\_\_\_\_
  - Expiration Date: \_\_\_\_\_

(Note: the SD BON will verify the licensure status of the nurse; if a nurse has had disciplinary action, BON staff will review and determine whether or not the individual may be placed on the nurse aide registry.)

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If applicable:

**Nursing Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**This section to be completed by the South Dakota Board of Nursing**

Date Application Received:	Date Application Denied:
Date Approved:	Reason for Denial:
Board Representative:	
Date Notice Sent to Student and/ or Nursing Facility:	

October 21, 2011